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6360 Fountain Square Drive – Citrus Heights, Ca 95621 – [www.citrusheights.net](http://www.citrusheights.net)

*The City of Citrus Heights is committed to providing high quality, economical responsive city services to our community.*

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## ***Volunteer Program – General Requirements***

Applicants will be working in a highly confidential environment and would need to abide by the following requirements:

- Be at least 18 years old
- Make a one (1) year commitment to the City of Citrus Heights
- Be able to volunteer a minimum of twelve (12) hours a week
- Must be in good health and without physical condition(s) that will endanger them, or another member of the City of Citrus Heights
- Be of good character and possess good moral habits
- Successfully pass a background investigation including, but not limited to, a criminal history check, DMV history check, and references

Other:

- Volunteers are not eligible for salaries, benefits, or other compensation.
- Volunteers are covered under the City’s workers’ compensation insurance program and must sign an acknowledgement they have received this information.
- The City of Citrus Heights generally disqualifies any individual who has:
  - been convicted of a felony or any offense that would qualify as a felony under California Statutes.
  - used illegal marijuana in the past three years.
  - sold and illegal drugs or substance, or prescription in the past ten years.
  - been arrested for any crime or charged with a major traffic offense.
  - a suspension of license, or been convicted of driving without insurance during the past year.
  - lied during any part of the application process.
  - a regular association and/or contact with family or friends who have a criminal background.
  - been determined to be detrimental, due to any other factors, to the City of Citrus Heights by the Volunteer Coordinator or City Hall Staff.

*There is no appeal process for applicants that do not get selected for the program.*

## *Volunteer Questionnaire*

1. Please tell us why you are interested in becoming a volunteer with the Citrus Heights Volunteer Program?
2. How long of a commitment are you willing to give the Volunteer Program? (i.e. 6 months, 1 year, etc.)
3. Please describe your job experience and skills?
4. Do you feel comfortable working in a team environment or individually? Why so?
5. Have you previously volunteered for any other organization or community? If so, please describe.
6. When can you begin volunteer services?
7. Is there anything in your personal life that would cause us any concerns when doing a background check?
8. How do you feel you can contribute to the Citrus Heights community by becoming a volunteer?

## *Volunteer Application*

Please answer the following questions fully and legibly using additional pages only if necessary. Any false statements made on this application may disqualify the applicant from eligibility for the City of Citrus Heights Volunteer Program.

<b>PERSONAL HISTORY</b>				
NAME (LAST, FIRST, MIDDLE)			NICKNAMES/ ALIASES	
ADDRESS (Number, Street, Apt. No.)			(City, State, Zip Code)	
<b>DRIVER'S LICENSE</b>				
State	Number	Exp. Date	Class	EMAIL ADDRESS
HOME PHONE  (    )			OTHER PHONE  (    )	
PREFERRED METHOD OF CONTACT PHONE/ EMAIL			ARE YOU RETIRED FROM A PERS AGENCY	
IF SELECTED, CAN YOU SHOW VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES                  NO				
<p>HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? CONVICTIONS FOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO (2) YEARS OLD SHOULD NOT BE LISTED. DO NOT LIST ARRESTS WHICH DID NOT RESULT IN CONVICTION. NOTE: NO APPLICANT WILL BE DENIED SOLELY ON THE GROUNDS OF A CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE TO THE POSITION(S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, STATE DATE, NATURE OF OFFENSE, AND DISPOSITION OF CASE BELOW AND ATTACH A COPY OF POLICE REPORT.</p>				

## EDUCATION AND TRAINING

Name and location of college, Business or Trade school	Years Attended From    To	Degree Awarded? YES or NO	Type of Degree	Major Subjects
	/			
	/			
	/			
	/			

List current certificates of professional competence, licenses, and/ or memberships in professional associations:

## EMPLOYMENT HISTORY

This section must be completed. Please list all paid and non-paid positions and periods of unemployment held within the last ten (10) years. Attach a separate sheet if necessary. Please list most current position first.

Dates employed (mm/yy) From:            To:	Employer	Title
Total yrs./mos. Worked	Address (Number, Street, City, State, Zip Code)	
Hours worked each week	Name and title of supervisor	Phone no. (    )
Type of Business	Reason for leaving	
Job duties		
Dates employed (mm/yy) From:            To:	Employer	Title
Total yrs./mos. Worked	Address (Number, Street, City, State, Zip Code)	
Hours worked each week	Name and title of supervisor	Phone no. (    )
Type of Business	Reason for leaving	
Job duties		

Dates employed (mm/yy) From:            To:	Employer	Title
Total yrs./mos. Worked	Address (Number, Street, City, State, Zip Code)	
Hours worked each week	Name and title of supervisor	Phone no. (    )
Type of Business	Reason for leaving	
Job duties		
Dates employed (mm/yy) From:            To:	Employer	Title
Total yrs./mos. Worked	Address (Number, Street, City, State, Zip Code)	
Hours worked each week	Name and title of supervisor	Phone no. (    )
Type of Business	Reason for leaving	
Job duties		

Have you ever been terminated or asked to resign from any employment?

NO YES (if yes, please explain)

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May we contact your present employer?

YES NO (if no, please explain)

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**SPECIAL SKILLS**

Do you have any special skills? (i.e. computer programs, typing, bilingual, etc.) Please explain.

**AVAILABILITY**

Can you commit to twelve (12) hours of volunteer service per week?

*Please indicate below the hours you are available each day.*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TO	TO	TO	TO	TO

Please indicate any exceptions (i.e. not available on the third Thursday of each month, etc.)

**INFORMATION VERIFICATION**

*By signing below, I affirm that the information contained on this application is complete and accurate to the best of my knowledge. I authorize the City of Citrus Heights or designee to confirm the information contained above.*

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

**Return completed application to:**

City of Citrus Heights City Hall  
ATTN: Haley Reid, Volunteer Coordinator  
6360 Fountain Square Drive  
Citrus Heights, CA 95621